). A

PTC/SB/22 (10-04)
Approved for use through 7/81/2008. OA/8 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE
Under the paperwork Reduction Act of 1895, no persons are required to respond to a collection of intermation unless if displays a valid OMB control number.

	PE	TITIO		EXTENSION C F fees effective un	14/	Dockst Number (Optional) 2102487-991270					
	App	lication		10/634,593	Filed Aug	Filed August 4, 2003					
	For PHASE INTERPOLATOR AND RECEIVER										
	Art	Jnit 28	16			Examiner 1	Examiner Wells, Kenneth B.				
		This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):										
						Fee	Small Entity Fe	Small Entity Fee			
	l	\boxtimes	Onen	nonth (37 CFR 1	.17(a)(1))	\$110	\$55	\$	110.00		
			Twon	nonths (37 CFR	1.17(a)(2))	\$430	\$215	\$			
•			Three	months (37 CF	R 1.17(a)(3))	\$980	\$490	\$			
			Fourn	nonths (37 CFR	1.17(a)(4))	\$1530	\$76 5	\$			
			Five n	ionths (37 CFR	1.17(a)(5))	\$2080	\$1040	\$			
		Applic	cant daim	s small entity state	.s. See 37 CFR 1.						
	A check in the amount of the fee is enclosed. Payment by credit card, Form PTO-2038 is attached.										
		 ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1896</u>. I have enclosed a duplicate copy of this sheet. 									
	Ø										
		WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
	I am the applicant/inventor.										
11/30/200	4 TD	4 IDAMKINS A400007 071896 10634593 - essignee of record of the entire interest. See 37 CFR 3.71.									
01 FC:125											
		attorney or agent of record. Registration Number 37.468									
	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34										
•	November 24, 2004										
	Signature Date Edward B. Weller (650) 833-2438										
		Typed or printed name Telephone Number									
Ì	NOTE signal	NOTE: Signatures of all the inventors or assignees of record of the entire interest or thair representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
	×	Total of 5 forms are submitted. This collection of information is required by 97 CFR 1.136(s). The information is required to obtain or retain a benefit by the public which is to file (and by the									
	This	offection	of informati	on is required by 37 C	FR 1.136(a). The lnk	irmation is regulard to of	tain or retain a benefit	t by the public which	s to flie (and by the		

USPTO to process) an application. Confidentially is governed by 55 U.S.C. 126 of 37 CFR 1.13 and 1.11 and 1.14. The collection is estimated to take 6 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pepart and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.

American LegatNet. Inc.

PAGE 3/20 * RCVD AT 11/24/2004 6:43:31 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729306 * CSID:650 833 2001 * DURATION (mm-ss):06-12

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nu

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number 10634593

OR

OR

TOTAL

ADD'L FEE

												<u> </u>	\simeq
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						7	SMALL ENTITY		OR •	OTHER THAN SMALL ENTITY		
	FOR		NUMB	BER FILED NUME		NUMB	ER EXTRA		RATE	FEE]	RATE	FEI
(37	SIC FEE CFR 1.16(a))								s	OR		5	
	TAL CLAIMS CFR 1.16(c))			minus 20 = .					x \$=		O.R	x \$ =	
	DEPENDENT CLAI CFR 1.16(b))	MS		minus	3 =			1	x \$ =		OR	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							1	+ s =		OR			
								ונ		<u> </u>		+ \$=	
If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		· OR	TOTAL	
	. С	LAIM	S AS AM	ENDED) – PA	RT II							
			olumn 1)	····		olumn 2)	(Column 3)	7 1	SMALL I	ENTITY	OR		R THAN ENTITY
AMENDMENT A		RE	CLAIMS MAINING AFTER ENDMENT		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	\	RATE	ADD TION/ FEE
	Total (37 CFR 1.16(c))	•	19.	Minus	0	20	=		x \$=		OR	x s =	
	Independent (37 CFR 1.16(b))	•	7	Minus	• • • • • • • • • • • • • • • • • • • •	4	=		x \$ =		OR	x \$ =	
₹ 8	FIRST PRESENT	ATION	OF MULTIPLE	DEPEND	ENT CL	NM (37 CF	R 1.16(d))		+ s =		OR		
	<u> </u>			***		***		j L	TOTAL ADD'L FEE		OR	+ \$ = TOTAL ADD'L FEE	
	. == =	(Co	lumn 1)		(C	olumn 2)	(Column 3)		4.71				
n 		REI	LAIMS MAINING LFTER INDMENT		NU PRE\	SHEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
NOMEN	Total (37 CFR 1.16(c))	•		Minus	•		Ξ		x \$=		OR.	x s=	
╌.	Independent (37 CFR 1.16(b))	,		Minus			=		X \$_ =		OR	x s =	
AME	FIRST PRESENT.	ATION	OF MULTIPLE	DEPENDE	ENT CLA	IM (37 CF	R 1.16(d))		+ 5 =		OR		
	\ <u></u>							L	TOTAL ADD'L FEE		OR I	+ \$ = TOTAL ADD'L FEE	
		(Col	lumn 1)		<u>:</u> (Co	: Iumn 2)	(Column 3)						
		REN A	LAIMS MAINING FTER NDMENT		NU PREV	SHEST MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	Total (37 CFR 1.16(c))	•		Minus	••		=		x s =		OR	x \$=	
	Independent (37 CFR 1.16(b))	•		Minus			=		× \$ =		OR	x \$ =	
ا جَ	FIRST PRESENTA	ATION C	OF MULTIPLE	DEPENDE	NT CLAI	IM (37 CFF	R 1.16(d))		10		OP		

TOTAL

ADD'L FEE

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.